PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)									
						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	0466 75	590 11/22/2005			1	have its own certificat	e of mailing or transmission.	3,	
YOUNG & THOMPSON 745 SOUTH 23RD STREET 2ND FLOOR ARLINGTON, VA 22202					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
02/17/2006 MBEYENE2 00000145 10009765					(Depositor's name)				
			(Signature)						
01 FC:2501		700.00 OP			Į			(Date)	
AP	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/009,765 12/17/2001		Derek Leigh Jo		eigh Jones	3	10/009765	5113	
TITLE					3007-1014				
	APPLN. TYPE SMALL ENTITY		ISSUE FEE		РШ	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
<u> </u>	nonprovisional YES			\$700		\$0	\$700	02/22/2006	
					T - CT		۳٬۰۰۰	02/22/2000	
<u> </u>	EXAMINER WITZ, JEAN C		ART UNIT		l CL	435-325000	J		
1 Char					nting on th		iet		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
U (Add	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.								
D+ PTC Nur	☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
University of Wales College of Medicine Cardiff, United, Kingdom									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government									
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):									
☑ Issue Fee ☑ A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.									
Advance Order - # of Conies XI The Director is hereby authorized by charge the required fee(s), or credit any overnayment to									
Deposit Account Number $25-(112)$ (enclose an extra copy of this form).									
5. Change in Entity Status (from status indicated above)					(if necessary) pplicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
The Director of the LICETO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above									
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.									
Authorized Signature Benoit Castel					Date February 16, 2006				
Тур	ed or printed nanke	noit CASTEL, #3	35,041		Registration No. #35,041				
an appl submitt this for Box 14		oplication form to the USPT of the form to the USPT of the reducing this burden, shin a 22313-1450. DO NOT					the public which is to file (and minutes to complete, including mments on the amount of the Trademark Office, U.S. Dep. S. SEND TO: Commissioner		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.